



NEW HAMPSHIRE PARI-MUTUEL COMMISSION
78 REGIONAL DRIVE CONCORD, NH 03301
TELEPHONE: (603)-271-2158 FAX: (603) 271-3381

APPLICATION FOR A GAMES OF CHANCE FACILITY LICENSE

INSTRUCTIONS: Hand print or type an answer to every question. If a question does not apply to you, state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. All applicants are advised that this personal record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license. Facility Licenses expire on June 30 of each year unless sooner revoked or suspended for just cause by the Commission.

Name of Games of Chance Facility (including DBA)		Facility Federal Tax ID Number
Physical Address/Location (Street, City, State, Zip Code)		Telephone Number
		Fax Number
Mailing Address (Street, City, State, Zip Code)		
Name of Property Owner		Business Telephone
Property Owner Mailing Address (Street, City, State, Zip Code)		
Name of Lessor (if different from Property Owner)		Business Telephone
Lessor Mailing Address (Street, City, State, Zip Code)		
Contact Person		Title/Position Held
Contact Person Mailing Address (Street, City, State, Zip Code)		Business Telephone
		Home Phone

1. Enclose copies of all rental or lease agreements for each organization to whom the facility is rented or leased. Each agreement must include dates and times of each game date, as well as the name and address of each organization.

2. Is this facility a publicly-held entity? ☐ Yes ☐ No

3. If you answered "No" to question 2, list on a separate sheet the information specified in Pari 1215.04(a)(3) for each owner, partner, officer, director, stock holder, employee, board member, consultant, solicitor and any other person(s) or entity(ies) related to games of chance with a direct or indirect financial interest in the facility. For each person listed, submit a completed criminal records release form.

4. If you answered "Yes" to question 2, list on a separate sheet the information specified in Pari 1215.04(a)(4) for each general manager, managing partner or other similar positions by whatever title called. For each person listed, submit a completed criminal records release form.

Date: _____ Applicants Initials: _____

5. Has any partner, officer, director or other individual involved in the facility been convicted of a felony or class A misdemeanor within the previous 10 years which has not been annulled by a court, or a class B misdemeanor within the past 5 years which has not been annulled by a court, or who has violated any statutes or rules governing charitable gaming in the past in this or any other state? (For purpose of this application, any person who has ever been found guilty of any criminal charge is deemed to have been convicted, whether the person had a trial, pleaded guilty, pleaded "Nolo Contendere" (No Contest), or was found guilty "in Absentia" (in absence) ☐ **Yes** ☐ **No**

I, the undersigned applicant, certify, under the penalties of unsworn falsification pursuant to RSA 641:3, has filed with the Pari-Mutuel Commission an "application". In consideration of the assurance by the Commission that no vote on said "application" will be taken except after a deliberate, intensive and thorough investigation of the undersigned, including but not limited to background, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the state of New Hampshire, the Pari-Mutuel Commission, its members, agents, and employees, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the undersigned's "application".

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release at _____,
City State
on the _____ day of _____, 20_____.

Subscribed and sworn to before me the _____ day of _____, 20_____.

Signature

Notary Public in and for the County of _____, State of _____ Expiration Date: _____

